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Recommended Curriculum Guidelines for Family Medicine Residents

Adolescent Health

This document was endorsed by the American Academy of Family Physicians (AAFP) and was developed in cooperation with the Beth Israel Residency in Urban Family Medicine.

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Attitudes, knowledge and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) http://www.acgme.org. The curriculum must include structured experience in several specified areas. Most of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs and workshops must be included in the curriculum with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME Web site. Current AAFP Curriculum Guidelines may be found online at http://www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies as indicated on each guideline.

Each residency program is responsible for its own curriculum. ***This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.***

Preamble

Adolescence is a time of growth and change as a child develops into a young adult. Nearly two-thirds of office visits by adolescent patients are made to family physicians, who are dedicated caregivers for children and their families. Family physicians play a key role in helping adolescents and their families find a healthy path to adulthood. The

adolescent years are often challenging, which requires the family physician to be both knowledgeable and trustworthy in order to fully serve the patient and his or her family.

This synthesis requires a finely-tuned sense of who the adolescent patient is and where he or she is in the context of self, family and community. This must also incorporate the patient's stage of development as well as cultural, linguistic and economic background.

Family physicians serve the largest number of teens in the United States and are uniquely positioned to create a medical home for this underserved population. Morbidity and mortality among teens continues to be largely preventable, with injury and violence being the most common causes (often occurring when teenagers are under the influence of mood-altering chemicals). Other common issues faced by teens are typical of underserved populations, including access to care, screening, diagnosis and treatment of sexually transmitted infections (STIs) and inadequate access to comprehensive reproductive care (including birth control and abortion).

A unique aspect of Family Medicine is the union of public health and community medicine, which provides ample opportunity for creative interdisciplinary solutions and initiatives with a focus on prevention of conditions and diseases. Many such solutions, such as teen-friendly clinics and comprehensive screening programs (such as the AMA's Guidelines for Adolescent Preventive Services, or GAPS) have quickly become critical components of excellent adolescent care. Over the last decade, the recognition that preventive and comprehensive care is the key to keeping America's teens healthy has greatly improved adolescent health care.

This Curriculum Guideline provides an outline of the attitudes, knowledge and skills that should be among the objectives of training programs in family medicine in order to optimize care of adolescent patients by future family physicians.

Competencies

At the completion of residency training, a family medicine resident should:

- Be able to develop patient-centered treatment plans for adolescents based on comprehensive risk-based assessments that take into account the cultural, linguistic and socioeconomic background of adolescent patients. (Patient Care, Medical Knowledge)
- Be able to optimize treatment plans based on knowledge of adolescent care resources that include local, state and federal agencies. (Systems-based Practice, Practice-based Learning)
- Coordinate ambulatory, in-patient and institutional care across health care providers, institutions and governmental agencies. (Systems-based Practice)
- Demonstrate the ability to communicate effectively with the adolescent patient and his or her family in order to establish and maintain therapeutic relationships in the context of confidentiality. (Interpersonal Communications)
- Demonstrate sensitivity and responsiveness to the adolescent patient's race, ethnicity, culture, language, gender, sexual orientation, gender identity and disabilities. (Professionalism)

Attitudes

The resident should demonstrate attitudes that encompass:

- The recognition that each adolescent has strengths, which serve as protective factors and support his or her development in adolescence.
- That the connection to parents, school and community is essential to an adolescent's successful development.
- That adolescence is a time of experimenting, learning and development. The goal of the family physician is to offer guidance that encourages the healthiest behaviors and responsible decision-making.
- Confidentiality and the encouragement of the adolescent to communicate with his or her parents (and other supportive adults).
- The treatment of each encounter with an adolescent as an opportunity to act as a caring adult and to engage the adolescent in conversations about healthy living.

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Normal growth and development in the adolescent years that include physical, mental, emotional and sexual milestones.

2. The health risks and behaviors of adolescents and methods to address them.

3. A strategy for providing preventive services, immunizations, health promotion and guidance to adolescent patients during both annual visits and routine acute care visits.

4. The challenges facing an adolescent to establish his or her identity and to learn responsible behaviors, including self care, attention to mental health, sexual health and reproductive health.

5. The core conditions that may affect the health of an adolescent, such as family problems, poverty, depression, school failure, obesity, eating disorders, violence, drug use, unintended pregnancy and STIs.

Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

1. In the general care of the adolescent patient:
   a. Establish clinical rapport with teens based on respect.

b. Explain confidential services to teens and parents.

c. Respond to parental questions and concerns.

d. Collect data and information regarding teen history, risk factors and strengths.
   i. Use of assessment tools, such as AMA GAPS, BIA and the HEADSSS questionnaire (Home, Education, Activities, Drugs, Sex, Suicide/Depression, Safety).

e. Perform a complete exam and a focused teen exam.

f. Evaluate a teen for sports eligibility with appropriate history, exam and tests.

g. Interpret BMI and make recommendations for nutrition and activity.
   i. Assess daily eating habits and counsel regarding nutrition (e.g., sugar and its role in obesity, avoiding diets high in saturated fat and fast food diets).
   ii. Emphasize important effects of exercise on weight, general health and mood.
   iii. Assess for eating disorders.

h. Assess BP readings.

i. Perform and interpret screening tests, such as PAP, STI, mantoux and serum lipids.

j. Assess well-being at home and counsel regarding family relationships.

k. Assess progress at school and counsel regarding school failure.

l. Assess peer relationships and counsel about healthy and ethical decision-making.

m. Assess tobacco, alcohol and drug experimentation and counsel regarding best health practices.
   i. Assess for illicit drug use (including anabolic steroids).

n. Assess sensitive topics including sexual activity, sexual and reproductive health, sexual orientation and gender identification by using active listening skills and objectively discussing concerns and questions.

o. Assess development of sexual identity and orientation. Teach skills in building and expressing positive self-esteem.

p. Assess development of gender identity and teach skills in building and expressing positive self-esteem.

q. Assess sexual behaviors and counsel on healthy practices.
   i. Prevention, diagnosis and treatment of STIs (including HIV).
   ii. Contraceptive counseling and prescribing for teens in a patient-centered manner that takes into account the teen’s need for confidentiality, her or his beliefs about what methods are right for her or him and current medical evidence regarding the effectiveness of all available methods.
      1). Include counseling on emergency contraception and “quick start” protocols.
   iii. Options counseling for unintended pregnancy (including continuing the pregnancy and raising a child, continuing the pregnancy and making an adoption plan, and medication or aspiration abortion).

r. Assess mental health status. Counsel on positive mental health activities. Decide appropriate treatments and referrals.

s. Assess exposure to violence in each adolescent patient’s life. Counsel on conflict resolution and decide appropriate referrals and interventions.

t. Assess accident and safety risks and counsel on ways to prevent injury.

u. Assess use of herbs and supplements.

v. Counsel and assess adolescents relative to stressors typical for developmental stage (e.g., peer pressure and risky behaviors). Suggest mind-body stress-alleviation techniques, such as breath-work and meditation.

2. In the ambulatory setting

   a. Design a program of “Preventive Services” appropriate for each clinical setting.

   b. Select screening methods appropriate for each clinical setting.

   c. Describe the characteristics of a “Teen-Friendly Clinic.”

   d. Design a Continuous Quality Improvement Program to monitor provision of teen services.

3. In the community

   a. Promote educational programs in schools that advocate healthy teen behavior.

   b. Promote quality teen health services in schools.

   c. Promote the support of teen clinical services in communities by government and health organizations.

   d. Have exposure to caring for and working with at-risk youth, including:
      i. LGBTI youth.
      ii. Youth of color.
      iii. Immigrant youth.
      iv. Homeless youth.
      v. Incarcerated youth.

Implementation

Implementation of this curriculum can occur in a number of different venues. Diverse experiences in community-based clinics in conjunction with a “teen panel” in the resident’s primary care practice provide the richest experience for trainees. Examples of community-based clinics in existing family medicine residencies include school-based health centers, teen clinics and reproductive health clinics (such as Planned Parenthood). This curriculum should ideally be taught during both focused and longitudinal experiences throughout the residency program. The resident must take responsibility for adolescent patients and be active as both the decision-maker and case manager. It is essential that adolescents are included in each resident's family-medicine patient panel. The residents should have experience in: comprehensive well-teen evaluations; comprehensive screening for psychosocial issues; pre-participation sports physicals; comprehensive reproductive and sexual health evaluation and treatment (including the treatment of STIs, prescription of contraception, options counseling for unintended pregnancy and care of pregnant and parenting teens).

Family physicians who have demonstrated skills in adolescent care and who have a positive attitude toward teens should be available to act as role models and teachers to the residents. These faculty can act as preceptors to individual residents in the management of their own patients and as mentors to residents interested in furthering their training in the care of adolescents. Much of adolescent care is best learned in the clinical setting through point-of-care teaching. Individual teaching and small group discussion can also help promote clarification of resident attitudes and encourage excellent care of adolescents. Other venues are web-based curricula, didactic lectures, case-based learning, standardized patients and the objective structured clinical examination (OSCE).

Resources

Blum RW, Nelson-Mmari K. The health of young people in a global context. Jour Adolesc Health 2004;35:402-18.

Harris KM, Gordon-Larsen P, Chantala K, Udry R. Longitudinal trends in race/ethnic disparities in leading health indicators from adolescence to young adulthood. Arch Pediatr Adolesc Med 2006;160-74-81.

Neinstein, LS. Adolescent Health Care: A Practical Guide. 4th ed. Philadelphia, Pa.: Lippincott Williams & Wilkins, 2002.

Reif CJ, Elster AB. Adolescent Preventive Services. Primary Care: Clinics in Office Practice, March 1998.

Swallen KC, Reither EN, Haas SA, Meier AM. Overweight, obesity, and health-related quality of life among adolescents: the national longitudinal study of adolescent health. Pediatrics 2005;115:340-7.

Web Sites

Society of Adolescent Medicine (SAM)
http://www.adolescenthealth.org/

American Medical Association
http://www.ama-assn.org/ama/pub/category/1980.html

American Medical Association
http://www.ama-assn.org/ama/pub/category/1947.html

Bright Futures
www.brightfutures.aap.org/web/

Centers for Disease Control and Prevention – Healthy Youth
http://www.cdc.gov/HealthyYouth/index.htm

Centers for Disease Control and Prevention – Healthy Youth
http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Centers for Disease Control and Prevention – Healthy Youth
http://www.cdc.gov/HealthyYouth/AdolescentHealth/NationalInitiative/pdf/21objectives.pdf

European Training in Effective Adolescent Care and Health Programme
http://www.euteach.com/

University of Southern California
http://www.usc.edu/student-affairs/Health_Center/adolhealth/index.php

University of Southern California
http://www.usc.edu/student-affairs/Health_Center/adolhealth/content/a8.html#text

Physicians for Reproductive Choice and Health
http://www.prch.org/arhep/

National Adolescent Health Information Center
http://nahic.ucsf.edu/index.php/niah/article/non_federal/resources/

World Health Organization
http://www.who.int/child_adolescent_health/en

Minnesota Department of Health
http://www.health.state.mn.us/youth/providers/index.html

Reproductive Health Access Project
http://www.reproductiveaccess.org/

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